CONTRACT #20 RFS # 318.66-033

Department of F&A
Bureau of TennCare

VENDOR:
Windsor Health Plan of
Tennessee, Inc.
d.b.a VHP, Inc.

REQUEST: NON-COMPETITIVE AMENDMENT

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FISCAL REVIEW

| APPROVED | |
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| Commissioner of Finance & Administration | |
| Date: | |

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| RFS # 318.66-0 | 333 | | | | | | | | | |
| STATE AGENCY NAME: | Department of Finance and | Department of Finance and Administration, Bureau of TennCare | | | | | | | | |
| SERVICE CAPTION: | Managed Care Organization TennCare/Medicaid Popula | Managed Care Organization Services/Medically Necessary Health Care Services to the FennCare/Medicaid Population | | | | | | | | |
| CONTRACT# | FA-02-14864-00 | | PROPOSED AMENDMENT# | 10 | | | | | | |
| CONTRACTOR: | Windsor Health Plan of Ten | nessee, Inc. | d.b.a. VHP, Inc. | | | | | | | |
| CONTRACT START DATE | | July 1, 200 | 1 | | | | | | | |
| CURRENT, LATEST POSS (including ALL options to ex | | 12/31/2006 | · | | | | | | | |
| CURRENT MAXIMUM LIAE | BILITY: | \$346,710,1 | 39.48 | | | | | | | |
| LATEST POSSIBLE END L | DATE <u>WITH</u> PROPOSED AM tend) | ENDMENT: | 12/31/2006 | | | | | | | |
| TOTAL MAXIMUM COST V | <u>WITH</u> PROPOSED AMENDM tend) | ENT: | \$353,091,736.48 | | | | | | | |
| APPROVAL CRITERIA : (select one) | use of Non-Competi | tive Negotiat | ion is in the best interest of the | state | | | | | | |
| | only one uniquely q | ualified servi | ce provider able to provide the | service | | | | | | |
| ADDITIONAL REQUIRED | REQUEST DETAILS BELOW | / (address ea | ach item immediately following the | requirement text) | | | | | | |
| (1) description of the pro | posed additional service an | id amendmei | nt effects | | | | | | | |

| This amendment provides modifications to MCO language including: (1) Faud and Abuse clarification regarding MCOs investigative work in conjunction with the Office of Inspector General; (2) Redefine targets to move away from trends and provide consistent benchmarks among MCOs, including increasing EPSDT benchmark to 80; (3) Modify Credentialing to 30 day performance standard from receipt of completed application for reviewing and loading into system; add LD for non-compliance; (4) Revise Liquidated Damages to add specific LDs, clarify language of compliance with notice requirements vs. appeals, and provide consistency with Middle TN RFP Pro Forma; (5) Update benefit package to reflect current requirements for July 1 including soft limits and cost effective use of Chiropractic services; (6) Update Appeal language to reflect recent Grier filings; (7) Revise provider payment requirement to reflect current operations, TPL, Utilization Summaries and 1099; (8) Make revisions for consistency throughout the Agreement, including EPSDT, Provider Agreement, and Reporting; and (9) Provide funding to continue services for additional six month period. |
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| (2) explanation of need for the proposed amendment: |
| This amendment is needed to make above modifications as well as provide funding for additional six month period. |
| (3) name and address of the proposed contractor's principal owner(s): (not required if proposed contractor is a state education institution) |
| 215 Centerview Drive, Suite 300, Brentwood, TN 37027 |
| (4) documentation of OIR endorsement of the Non-Competitive procurement request : (required only if the subject service involves information technology) |
| select one: Documentation Not Applicable to this Request Documentation Attached to this Request |
| (5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request: (required only if the subject service involves training for state employees) |
| select one: Documentation Not Applicable to this Request Documentation Attached to this Request |
| (6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation : |
| This Contractor is currently providing a network of services for the TennCare Program. This is an amendment to current contract. |
| (7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment : |
| The Bureau of TennCare is currently modifying all of the MCO contracts to provide specific language changes for clarity and compliance with current changes in the TennCare program. These MCO contracts provide necessary Health Care Services to the TennCare/Medicaid Population and TennCare would greatly appreciate approval by the Commissioner of F&A. |
| AGENCY HEAD REQUEST SIGNATURE: (must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances) SIGNATURE DATE: |

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| | 318.66-033 | | | | FA-02-14864-05 | |
| | Department of Finance a | and Administration | | | Bureau of Tenn Care | |
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| VHP CARE, IN | | | | □ v- □ c- | E. | |
| | | | | | 斯拉尔巴科尼州纳维约州 亚巴 | 27年時代記載計劃的 |
| Managed Care | Organization Service | ces/Medically necess: | ary Health Care Servi | ces to the TennCal | re/Medicaid Popi | ulation " |
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| 7/1/2001 | | • | | 12/31/2005 | • | |
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| 318.66 | 420 | 134 | 11 | ☐ STARS | | |
| FY | State Funds | Federal Funds | Interdepartmental Funds | Other Funding | | Amount (including mendments |
| 2002 | \$ 23,953,123.00 | \$ 41,992,567.00 | | | \$. | 65,945,690.00 |
| 2003 | \$ 20,079,800.00 | \$ 34,576,600.00 | | | \$ | 54,656,400.00 |
| 2004 | \$ 16,554,335.33 | \$ 30,031,964.15 | | | \$ | 46,586,299.48 |
| 2005 | \$ 16,554,335.33 | \$ 30,031,964.15 | | | \$ | 46,586,299.48 |
| 2006 | \$ 8,277,167.67 | \$ 15,015,982.07 | | | \$ | 23,293,149.74 |
| | \$ 85,418,761.33 | \$ 151,649,077.37 | - | \$ - | \$ | 237,067,838.71 |
| | 93.77B | | | | ADDOMENTAL BELLEVIOR | |
| | | | | | | 2000日於其印刷機構開 |
| Name: Address: Phone: | Dean Daniel 729 Church Street Nashville, TN (615)532-1362 | | | | | |
| | | | | | | |
| Dean Daniel | Dean | Daniel | 6/22/04 | | | |
| | ENGONE LEGICATION | | | | Section 9-6-113, I, M. | D. Goetz Jr. |
| | | | | Commissioner of Fin | ance and Administat | lon, do hereby certify that |
| | E CHARLE TO DATE | 12/31/2005 | | | the appropriation fro hat is not otherwise a | m which this obligation is |
| FY: 02 | <u> </u> | <u> </u> | | obligations previousi | | arcambered to pay |
| FY: 03 | | | | | • | |
| FY: 04 | | | | - | | |
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| FY: 06 | | \$0.0 | \$0.0 | <u>ज</u> ि | | |
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| | Department of Finance a | and Administration | | | Bureau of TennCare | , |
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| FY | State Funds | Federal Funds | Interdepartmental Funds | Other Funding | ALL ar | Amount (including nendments |
| 2002 | \$ 23,953,123.00 | \$ 41,992,567.00 | | | \$ | 65,945,690.00 |
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| 2004 | \$ 16,554,335.33 | \$ 30,031,964.15 | | | \$ | 46,586,299.48 |
| 2005 | \$ 16,554,335.33 | \$ 30,031,964.15 | | | \$ \$ | 46,586,299.48 |
| 2006 | \$ 8,277,167.67 | \$ 15,015,982.07 | · · | <u> </u> | \$ | 23,293,149.74 |
| | \$ 85,418,761.33 | \$ 151,649,077.37 | <u></u> τ | \$ - | | |
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| | | | | | | |
| Name: | Deen Daniel 729 Church Street | | | | | |
| Address: Phone: | Nashville, TN (615)532-1362 | | | EXPLICIT STREET FOR | | |
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| Dean Danie | \sim | | 1 1 | | | |
| Dean painty | Jean | wan Us | 12/23/03 | | | |
| | | ALL DEVICES OF THE PROPERTY OF | | The first of the second | jection 9-6-113, I, M. | And the second property and property in the property of the pr |
| | | | | | | on, do hereby certify that |
| | | 12/31/2005 | | there is a balance in | the appropriation from | m which this obligation is |
| FY: 02 | A COLUMN TO THE PROPERTY OF TH | \$65,945,690.00 | \$0.0 | O required to be paid the | nal is not otherwise e | ncumbered to pay |
| FY: 03 | | \$54,656,400.00 | | O leadnise to be bain a | у ілситеа. | |
| FY: 04 | | \$46,586,299.48 | | | · · · · · · · · · · · · · · · · · · · | |
| FY: 05 | | \$46,586,299.48 | | | • | • |
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| | Department of Finance a | nd Administration | | | Bureau of TennCar | Company of the Company of the Company of the |
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| | Organization Service | es/Medically necess | ary Health Care Serv | ices to the TennCar | e/Medicaln: O | |
| Managed Care | Olderizerien eerre | | | | | |
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| | 420 | 134 . | . 11 | STARS | | |
| 318.66 | 72-5 | | Interdepartmental | | Total Contra | ct Amount (including amendments |
| | State Funds | · Federal Funds | Funds | Other Funding | \$ | 65,945,690.00 |
| FY | \$ 23,953,123.00 | \$ 41,992,567.00 | | | \$ | 54,656,400.00 |
| 2003 | \$ 20,079,800.00 | .\$ 34,576,600.00 | | | \$ | 46,586,299.48 |
| 2003 | \$ 16,554,335.33 | \$ 30,031,964.15 | | | \$ | 46,586,299.48 |
| | \$ 16,554,335.33 | \$ 30,031,964.15 | 5 | | ·\$ | 23,293,149.74 |
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| | | | | de included de la company | | |
| | Dean Daniel | The state of the state of the second | | | | |
| Name: | 729 Church Street | | •• | | | |
| Address: Phone: | Nashville, TN | • | | THE RESIDENCE | | |
| 1 1,01101 | (615)532-1362 | CONTRACTOR OF THE STATE OF | | | | |
| | Participation Clean Confedence | | THE REAL PROPERTY. | | | |
| English to the second | | \frown . \frown | .) | | | |
| Dean Daniel | 1 0000 | 1. 12 MAG | / ///30/07 | | e Herida Najistin ji | |
| | 1) ean | 100 YCZ | | | . Children of | |
| 145-715 PASSES | THE VOICE HEATING | | | Pursuant to T.C.A. | , Section 9-6-113, | i, M. D. Goetz, Jr., |
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| | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 12/31/2005 | | there is a balance | that is not otherwi | n from which this obligation is se encumbered to pay |
| | | \$65,945,690 | | 0.00 required to be paid obligations previou | isly incurred. | |
| FY: 02 | | \$54,656,400 | ነው ነው | J.00I | | |
| FY: 03 | <u> </u> | \$54,656,400 | nn -\$8,070,100 | 0.52 | | |
| FY: 04" | | \$54,646,400 | -\$8,060,10 | 0.52 | • | • |
| FY: 05 | | \$27,328,200 | -\$4,035,05 | 0.26 | • | • |
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| | Department of Finance a | and Administration | • | | Bursau of TennCare | |
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| VHP CARE, IN | c · | • | | ☐ V- | | |
| | | | e in the case of t | | | |
| Managed Care | Organization Service | es/Medically necess: | ary Health Care Servi | ces to the TennCar | re/Medicald Population | |
| | | THE BOOK OF THE STATE OF | | | | |
| 7/1/01 | : | | | 12/31/05 | • | |
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| 318.66 | . 420 | 134 | -11 | ☐ STARS | | |
| FY | State Funds | Federal Funds | Interdepartmental Funds | Other Funding | Total Contract Amount (including ALL amendments | ng |
| 2002 | \$ 23,953,123.00 | \$ 41,992,567.00 | | | \$ 65,945,690 | -00 |
| 2003 | \$ 20,079,800.00 | \$ 34,576,600.00 | | | \$. 54,656,400 | |
| 2004 | \$ 20,079,800.00 | \$ 34,576,600.00 | | | \$ 54,656,400 | 00,1 |
| 2005 | \$ 20,079,800.00 | \$ 34,576,600.00 | | | \$ 54,656,400 | |
| 2006 | \$ 10,039,900.00 | \$ 17,288,300.00 | <u> </u> | <u> </u> | \$ 27,328,200 | |
| | \$ 94,232,423.00 | \$ 163,010,667.00 | <u> \$</u> | <u> </u> | \$ 257,243,090 |).00 |
| 数据到成型机 | 93.778 | | | | | |
| | | | | | | |
| vame: | Dean Daniel | | | | | |
| Address: | 729 Church Street Nashville, TN | | | | | |
| Phone: | (615)532-1362 | | • | | | |
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| / | γ_{\perp} | | _11 | | | |
| Dean Daniel | wonk | and | 1/1/02 | | | |
| | | ASIA: MEMBERSHIP MEDITERS | | | Section 9-6-113, I, C. Warren Neel, | |
| | | | | | nance and Administation, do hereby certif | y that |
| | | | | there is a balance in | the appropriation from which this obligati | ion is |
| | | | • | | hat is not otherwise encumbered to pay ly incurred. | • |
| | <u></u> | <u> </u> | <u> </u> | | • | |
| | | | | <u> </u> | | |
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| | | • | Interdepartmental | | | t Amount (including | |
| FY | State Funds | Federal Funds | Funds | Other Funding | | amendments | |
| 2002 | \$ 23,953,123.00 | \$ 41,992,567.00 | | | \$ | 65,945,690.00 54,656,400.00 | |
| 2003 | \$ 20,079,800.00 | \$ 34,576,600.00 | | | \$ | 54,656,400.00 | |
| 2004 | \$ 20,079,800.00 \$ 20,079,800.00 | \$ 34,576,600.00 \$ 34,576,600.00 | | · | \$ | 54,656,400.00 | |
| 2005 | \$ 10,039,900.00 | \$ 17,288,300.00 | | | \$ | 27,328,200.00 | |
| 2000 | \$ 94,232,423.00 | \$ 163,010,667.00 | \$ - | \$ | \$ | 257,243,090.00 | |
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| | 33.71 | | | | | | |
| | Dean Daniel | | | | | | |
| lame: . lddress: | 729 Church Street | • | • | | | | |
| hone: | Nashville, TN | | | | | | |
| | (615)532-1362 | | | | | | |
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| | f_{3}). f_{3} | | 1 -dulm | | | | |
| Jean Daniel | Wean | Mary Col | 11100 | 問題等福德的學學 | 1.00 美国共享19 | | |
| | | | | | | | |
| | | | | Pursuant to T.C.A., | Section 9-6-113, I, | C. Warren Neel, | |
| | | | | Commissioner of Flu | nance and Administ | ation, do hereby certify that | |
| | | 12/31/05 | | | | | |
| Y: 02 | | \$65,945,690.00 | | | | | |
| Y: 03 | | \$65,945,690.00 | | | - | • • | |
| *Y: 04 | · | \$65,945,690.0 | | | · | | |
| "Y: 05 | | \$65,945,690.0 | | | | • . | |
| 'Y: 06 | | \$32,972,845.0 \$ \$296,755,605.0 | | | | | |
| | | \$ \$250,700,0US.U | υ -φυσ _ι υ (Ζ _ί υ Ο.ί | <u>~</u> | | | |